

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MDR</i>	<i>62818</i>	<i>9/21/99</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>9-21-99</i>
FORMALITY REVIEW	<i>CH</i>	<i>69916</i>	<i>10-6-99</i>

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral)... Canceled A Appeal
 Restricted O Objected

Claim	Date
Final	
Original	
1/14/00	
12/21/00	
9/27/01	
12/15/02	
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here.

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